

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Michelle Cacayorin Adult Residential Care Home | CHAPTER 100.1 |
| Address: 94-109 Palai Place, Waipahu, Hawaii 96797 | Inspection Date: August 3, 2020 Annual |

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

| RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|
| <input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. <u>FINDINGS</u> Household member #1 - No TB clearance. There was screening for symptoms of pulmonary TB; however, there was no history of positive TB skin test. Submit a copy of the TB clearance with the plan of correction (POC). | <p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PPD Date was filled up by mistake by the doctor's office. Attached the corrected TB clearance screening form and Tuberculin PPD skin test final result from the doctor's office to support the documentation on file.</p> | <p style="text-align: right;">8/19/2020</p> |

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| <input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. <u>FINDINGS</u> Household member #1 - No TB clearance. There was screening for symptoms of pulmonary TB; however, there was no history of positive TB skin test. Submit a copy of the TB clearance with the plan of correction (POC). | <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>It was a clerical error and I did not noticed it. I will make sure all entries are correct before I leave the doctor's office. I will also request to get a copy of their final result to support my documentation on file. I will check for the date that the TB test was placed and the date that the TB test was read, and the result of the TB test.</p> | <p style="text-align: right;">9/17/2020</p> |

| RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|--|--|-----------------|
| <input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family. FINDINGS Resident #1 - Lunch, chicken papaya with long rice and rice, was blended together in a bowl. | <p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

| RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|-----------------|
| <input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family. FINDINGS Resident #1 - Lunch, chicken papaya with long rice and rice, was blended together in a bowl. | <p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will train my SCG's to prepare food w/ an appetizing, nourishing, well-balanced diet, If food needs to be pureed + dishes will be blended and served separately and not mixed all together.</p> | 8/19/2020 |

| RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. <u>FINDINGS</u> Lunch menu was not followed. There was no substitution list. | <p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

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| <input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. <u>FINDINGS</u> Lunch menu was not followed. There was no substitution list. | <p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>We follow the planned menus as much as possible. In case that we need to do a replacement meal, we will write down in the meal substitution log, to make sure that the residents will still have a proper nutrition every time that we do a substitution meal.</p> | <p style="text-align: right;">Aug. 3, 2020</p> |

| RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. FINDINGS Resident #1 - No annual diet order. | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"> <i>YES. Attached the physician Order form. Type of diet is still regular but in puree consistency.</i> </p> | <p style="text-align: center;"><i>9/17/2020</i></p> |

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| RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. <u>FINDINGS</u> Resident #1 - No physician order for pureed consistency diet. | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Yes, Physician order for pureed consistency diet was completed.</i></p> | <p style="text-align: right;"><i>Aug. 14, 2020</i></p> |

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| RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> §11-100.1-15 <u>Medications</u> , (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver. <u>FINDINGS</u> Resident #1 - "Ensure one can po once daily" ordered 12/6/19; however, there was no documentation that the nutritional supplement is made available/taken by the resident. Resident #1 - The August 2020 medication record noted "MOM" initiated as taken on 8/1/20, 8/5/20, 8/9/20 and 8/25/20. | <p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, recorded & documented the ensure I can by mouth once daily on medication log. the MOM that initiated on 8/1, 8/5, 8/9 was a typographical error. I missed to clear out everything on the form before I printed.</p> | <p style="text-align: right;">8/3/2020</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – No schedule of activities.</p> | <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>PART 1</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>There was an schedule of an activities located in the residents' binder. I will attach a copy of the schedule of activities.</i></p> | <p><i>8/3/2020</i></p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports</u>, (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u></p> <p>Resident #1 - Progress notes did not include:</p> <ul style="list-style-type: none"> Resident's need for and response to pureed consistency meals. The substitute care giver reported that pureed consistency meals were "sometimes" provided for the past ten (10) days to two (2) weeks. Resident's tolerance to daily "Ensure" nutritional supplements. | <p style="text-align: center;">PART I</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

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| <input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; FINDINGS Resident #1 - Progress notes did not include: <ul style="list-style-type: none"> • Resident's need for and response to pureed consistency meals. The substitute care giver reported that pureed consistency meals were "sometimes" provided for the past ten (10) days to two (2) weeks. • Resident's tolerance to daily "Ensure" nutritional supplements. | <p style="text-align: center;">PLAN OF CORRECTION PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Resident #1 eats his pureed food very well and finish all his food. No choking or coughing was observed. Residents #1 also likes, and tolerates well the Ensure supplement drinks. No coughing was also observed while drinking Ensure. I will include residents' eating condition and food preferences in the progress notes.</i></p> | <p style="text-align: right;"><i>8/19/2020</i></p> |

| RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|--|---|--|
| <input checked="" type="checkbox"/> §11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1) Residents' rights and responsibilities: Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall: FINDINGS No policy for surveillance camera use in two (2) bedrooms. | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">POLICY DEVELOP AND CONSENT OBTAIN FROM THE RESIDENTS.</p> | <p style="text-align: center;">9/17/2020</p> |

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Licensee's/Administrator's Signature: _____

C. R. CACAYORIN

Print Name: _____

MICHELLE R. CACAYORIN

Date: _____

8/19/2020

Licensee's/Administrator's Signature: _____

C. R. CACAYORIN

Print Name: _____

MICHELLE R. CACAYORIN

Date: _____

9/17/2020